AMENDED RETURN - SECTION 512(A)(7) REPEAL 2939327005216 **Exempt Organization Business Income Tax Return** Form 990-T (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning 07/01 , 2017, and ending 06/30 , 20 18► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasure Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if D Employer identification number Name of organization (Check box if name changed and see instructions) (Employees' trust, see instructions) address changed THE BROAD INSTITUTE, INC. B Exempt under section X | 501(C)(**D**.) Print Number, street, and room or suite no. If a P.O. box, see instructions 26-3428781 E Unrelated business activity codes 408(e) 220(e) Type (See instructions) 415 MAIN STREET 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) CAMBRIDGE, MA 02142 525990 541700 C Book value of all assets at end of year Group exemption number (See instructions) ▶ 1551169999. G Check organization type ► X 501(c) corporation Other trust 501(c) trust 401(a) trust Describe the organization's primary unrelated business activity PARTNERSHIP INVESTMENTS During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation The books are in care of ▶ JESSE SOUWEINE, COO/CFO/TREASURER Telephone number ▶ 617~714-7729 Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses Gross receipts or sales Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c . . . 3 144,880. 144,880. Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b -251,181. Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) OGDEN Advertising income (Schedule J) 11 1,626,563. 1,626,563. Other income (See instructions, attach schedule) 12 1,520,262. 1,520,262. 13 Total. Combine lines 3 through 12...... 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 18 18 15,597. 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) ATTACHMENT. 3. 48,820. 20 20 Depreciation (attach Form 4562)...... 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 24 Contributions to deferred compensation plans 24 25 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J)........ 27 1,016,469. 28 28 1,080,886. 29 29 439,376. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Net operating loss deduction (limited to the amount on line 30) 31 31 439,376. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,00033 33 Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, 438,376 enter the smaller of zero or line 32

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Schedule A - Cost of G	oods Sold. Ei	nter method	of invent	ory valuation	<u> </u>			
1 Inventory at beginning of	year . 1			6 Inventory	at end of ye	ar	6	
2 Purchases	2					old. Subtract line		
3 Cost of labor	3			6 from	line 5 Er	nter here and in	[
4a Additional section 263A c	osts			Part I, line	2		7	
(attach schedule)	4a					section 263A (v	vith respect t	O Yes No
b Other costs (attach sched				property	produced	or acquired for	resale) appl	y
5 Total. Add lines 1 through	4b . 5			to the orga	anization?	. <u> </u>	. <u>.</u> <u></u>	X
Schedule C - Rent Incom	e (From Real F	roperty a	nd Persoi	nal Property	Leased V	Vith Real Prope	rty)	
(see instructions)		-						
1. Description of property			_					
(1)								
(2)								
(3)								
(4)		<u>-</u>						
	2. Rent rece	ved or accrue	ed					
for personal property is more than 10% but not per			age of rent fo	personal property r personal property based on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
 (1)								
(2)				_			<u> </u>	
(3)				-				
(4)					_			
Total		Total						
(c) Total income. Add totals of othere and on page 1, Part I, line 6	• •					(b) Total deduction Enter here and or Part I, line 6, colur	page 1,	
Schedule E - Unrelated D			e instruction	ons)				
		<u>- (- (- (- (- (- (- (- (- (- (- (- (- (-</u>	ĭ	income from or	3 1	Deductions directly cor		cable to
1. Description of de	bt-financed property			o debt-financed	(a) Straig	debt-financ		
			Pi	roperty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(5)				-				
(3)		·- <u></u>						
(4)		·- <u>-</u>						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjus of or allocable debt-financed property (attach schedule)		ble to property	ble to 6. Columnia of the following forms of			income reportable n 2 x column 6)	8. Allocable (column 6 x to 3(a) and	tal of columns
(1)		<u></u>		%				
(2)				%				
(3)		-		%				
(4)				- %				
						re and on page 1, ne 7, column (A)	Enter here an Part I, line 7,	
Totals				▶				
Total dividends-received deduc	tions included in c	olumn 8	<u>.</u>		. , <u></u>	▶		
							Form	990-T (2017

Schedule F - Interest, Ann	uities, Royalties	, and	Rents	s Fro	m Contro	lled Or	ganizat	ions (see	Instruction	ns)	
			Exem	ot Co	ntrolled Or	ganızatı	ons				 -
Name of controlled organization	2. Employer Identification numb	er			ated income nstructions)	1	of specified	included	f column 4 the in the control ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)											-
(2)											
(3)							_				
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc				Total of specific ayments made		includ	rt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)			-								
(2)											
(3)											
(4)											
Totals	ncome of a Sec					▶	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
1. Description of income	2. Amount of		/ (<u>/(- /)</u>	3 Deduction directly cortiant (attach sch	tions nected		4 Se	t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)					•						
(4)											
	Enter here and Part I, line 9, co							- 			Enter here and on page 1, Part I, line 9, column (B)
Totals	1										
Schedule I - Exploited Exc	empt Activity In	come,	Othe	r Th	an Adverti	ising In	come (see instru	ctions)		-
1. Description of exploited activity	2 Gross unrelated business income from trade or business	conn prod ut	Expense directly ected voluntion of the direction of the	vith of	4. Net inconfrom unrelated or business 2 minus collif a gain, colors 5 three	ted tradé (column lumn 3) ompute	from ac	is income tivity that unrelated is income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	1										
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	here an e 1, Par 10, col	t I,		_					Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	ncome (see instri	uctions)								
Part I Income From Per				nsol	idated Bas	sis					
							_			-	T
1. Name of periodical	2. Gross advertising income		. Direct		4 Adventigain or (los 2 minus co a gain, col cols 5 thro	ss) (col ol 3) If mpute	ı	culation ome	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					1						
(3)					1						
(4)	-				1						
Totals (carry to Part II, line (5))			_								

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Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 7. Excess readership 4. Advertising gain or (loss) (col costs (column 6 2. Gross 5. Circulation 3. Direct 6 Readership minus column 5, but 2 minus col 3) If advertising 1. Name of periodical advertising costs income costs not more than a gain, compute income column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to unrelated business time devoted to 1. Name 2. Title business (1) (2) %

(3) % % (4) Total. Enter here and on page 1, Part II, line 14. \triangleright

Form 990-T (2017)

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FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME FROM PARTNERSHIP INVESTMENTS

-251,181.

INCOME (LOSS) FROM PARTNERSHIPS

-251,181.

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

USE OF FACILITIES

PART I - LINE 12 - OTHER INCOME

1,626,563.

1,626,563.

АТТА	\overline{C}	HMENT	3

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD CHARITABLE CONTRIBUTION LIMITATION (10%)	1,520,262. 0. 1,032,066. * 10% 48,820.
CHARITABLE CONTRIBUTION	26,920,873.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	48,820.

THE BROAD INSTITUTE, INC.

EIN: 26-3428781

FOR THE YEAR ENDED: 6/30/2018

FORM 990-T, PAGE 1, PART II, LINE 20

LINE 20 - 5 YEAR CONTRIBUTION CARRYOVER

TAX YEAR	AMOUNT	AMOUNT	CONVERTED TO	CARRYOVER
ENDED	AVAILABLE	UTILIZED	NOL CARRYOVER	TO NEXT YEAR
6/30/2015	26,919,494	153,157		26,766,337
6/30/2016	336	_	_	336
6/30/2017	302	_	_	302
6/30/2018	741	_	-	741
TOTAL	26,920,873	153,157		26,767,716

AMOUNT UTILIZED	
6/30/2015	47,295
6/30/2016	34,997
6/30/2017	22,045
6/30/2018	48,820

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE USE OF FACILITY

62,085. 49,100. 905,284.

PART II - LINE 28 - OTHER DEDUCTIONS

1,016,469.

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	438,376.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP 3 TAX ON LINE 1 FIGURED USING THE 21% RATE	149,048. 92,059.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	32,003.
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	27,424,832.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	16,662,679.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	75,137.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	45,651.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	120,788.

26-3428781 ATTACHMENT 6

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

2016 OVERPAYMENT CREDITED TO 2017

2017 ESTIMATED TAX PAYMENTS

86,330. 266,200.

2017 TAX PAID WITH ORIGINAL RETURN

44,312.

TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS

396,842.

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Internal Revenue Service Name

Department of the Treasury

THE BROAD INSTITUTE, INC.

Employer identification number 26-3428781

Part	Short-Term Capital Gains and Losses	- Assets Held O	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part I, line column (g)	2,	column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				-	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					36,448.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5_	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss) Combine lines 1		7	36,448.		
Part						
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to	•	(h) Gain or (loss)
_	This form may be easier to complete if you round off cents to whole dollars	or loss from Form 8949, Part II, line column (g)		Subtract column (e) from column (d) and combine the result with column (g)		
8a _	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					16,829.
11	Enter gain from Form 4797, line 7 or 9				11_	91,603.
12	Long-term capital gain from installment sales from F		12			
13	Long-term capital gain or (loss) from like-kind exchan		13			
14	Capital gain distributions (see instructions)	14				
15 Part	Net long-term capital gain or (loss) Combine lines 8 Summary of Parts I and II	a through 14 in column	ı h , <u></u>		15	108,432.
r art	Outilitary of Farts Fally II					
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	al loss (line 15)		16	36,448.
17	Net capital gain Enter excess of net long-term capit				17	108,432.
18	Add lines 16 and 17 Enter here and on Form 1120, the corporation has qualified timber gain, also complete the corporation has qualified timber gain, also complete the corporation has provided to the corporation of the corp	ete Part IV	•		18	144,880.
	Note: If losses exceed gains, see Capital losses in the	e mistructions				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury

► File with your Schedule D to list your transactions for lines 1b. 2. 3. 8b. 9. and 10 of Schedule D.

Internal Revenue Service	your concuer	. D to list you	transactions for	111100 115, 2, 0, 01	o, o, and 10 or c	Se Se	equence No LZA
Name(s) shown on return				Social sec	urity number or	taxpayer identificat	tion number
THE BROAD INSTITUTE,	INC.			_	26-	3428781	
Before you check Box A, B, or C below statement will have the same informal broker and may even tell you which bo	tion as Form 10						
Part I Short-Term. Transactransactions, see page		ng capital a	ssets you held	1 year or less	are short to	erm For long-to	erm
Note: You may aggr reported to the IRS Schedule D, line 1a	and for whic	h no adjustr	ments or codes	are required	Enter the to	otals directly or	n
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, con	page 1, for e	ach applicab	le box If you ha	ve more short-	term transac		
(A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis	· · · · · · · · · · · · · · · · · · ·	•	e Note above)	
(a) Description of property	(b)	(b) Date sold or disposed of (Mo , day, yr) (c) Date sold or disposed of (Mo , day, yr) (mo , day, yr)		Cost or other basis			
(Example 100 sh XYZ Co)	(Mo , day, yr)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
PARTNERSHIP INCOME	VARIOUS	VARIOUS					44,740
SECTION 1256	VARIOUS	VARIOUS					-8,292
						<u> </u>	

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

Form 8949 (2017)	Attachment Sequence No 12A	Page 2
lame(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number	
THE BROAD INSTITUTE. INC.	26-3428781	

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions,	complete
a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for	one or
more of the boxes, complete as many forms with the same box checked as you need	

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(F) I ong-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

|X | (F) Long-term transactions not reported to you on Form 1099-E

1 (a) Description of property	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions		
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP INCOME	VARIOUS	VARIOUS					29,268
SECTION 1256	VARIOUS	VARIOUS				· · · · · · · · · · · · · · · · · · ·	-12,439
			_				
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above	here and include	de on your					16,829

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)